



PART B - FEE(S) TRANSMITTAL

MAY 2 2 2002

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE

Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUB FEB and PUBLICATION FEB (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications.

The property of the provided description of the current correspondence address as maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I) Note: The certificate of mailing below can only be used for domestic mailings of the Feo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. 07/28/2002 Donald C Erickson **Energy Concepts Company** 627 Ridgely Ave Certificate of Malling

I hereby certify that this Fee(s) Transmittal is being deposited with the curvelope addressed to the Box Issue Fee address above on the date indicated below. Annapolis, MD 21401 (Depositor's name (Signate (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 09/654,406 ATTORNEY DOCKET NO. 09/05/2000 CONFIRMATION NO. TITLE OF INVENTION: AIR COMPRESSION IMPROVEMENT Donald C. Erickson AIR COMP TOTAL CLAIMS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEB nonprovisional TOTAL FEE(S) DUE YES DATE DUE \$640 \$640 05/28/2002 EXAMINER ART UNIT CLASS-SUBCLASS CAPOSSELA, RONALD C 062-086000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended but not required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name ☐ "Fee Address" indigation (or "Fee Address" Indication form... PTO/SB/47) attached. is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Kissue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee Payment by credit card. Form PTO-2038 is attached. . Advance Order - # of Copies The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______(enclose an extra copy of this form). The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the (Authorized Signature) NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from envone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND FRES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231 05/24/2002 CCHAUS 00000033 09654406

TRANSMIT THIS FORM WITH FEE(S)

TOL-85 (REV. 07-01) Approved for use through 01/31/2004. OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE The second secon

640.00 QP

01 FC:242